

**EXHIBIT A**



**Service of Process  
Transmittal**

12/01/2020

CT Log Number 538680201

**TO:** Kim Lundy Service Of Process  
Walmart Inc.  
702 SW 8TH ST  
BENTONVILLE, AR 72716-6209

**RE: Process Served in Virginia**

**FOR:** Wal-Mart Stores East, LP (Domestic State: DE)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** Suh Sungmi, Pltf. vs. Wal-Mart Stores East, LP, Dft.

**DOCUMENT(S) SERVED:** Summons, Proof(s), Cover Sheet, Complaint, Exhibit(s)

**COURT/AGENCY:** Fairfax County Circuit Court, VA  
Case # CL20200018149

**NATURE OF ACTION:** Personal Injury - Slip/Trip and Fall - 05/02/2020 - Located at 4368 Chantilly Shopping Center Drive, Chantilly, Virginia 20151

**ON WHOM PROCESS WAS SERVED:** C T Corporation System, Glen Allen, VA

**DATE AND HOUR OF SERVICE:** By Process Server on 12/01/2020 at 14:55

**JURISDICTION SERVED :** Virginia

**APPEARANCE OR ANSWER DUE:** Within 21 days after service

**ATTORNEY(S) / SENDER(S):** J. Chapman Petersen  
Chap Petersen & Associates, PLLC  
3970 Chain Bridge Road  
Fairfax, VA 22030  
571-459-2512

**ACTION ITEMS:** CT has retained the current log, Retain Date: 12/02/2020, Expected Purge Date: 12/07/2020  
  
Image SOP  
  
Email Notification, Kim Lundy Service Of Process ctlawsuits@walmartlegal.com

**SIGNED:** C T Corporation System  
**ADDRESS:** 1999 Bryan St Ste 900  
Dallas, TX 75201-3140

**For Questions:** 877-564-7529  
MajorAccountTeam2@wolterskluwer.com

COMMONWEALTH OF VIRGINIA  
CIRCUIT COURT OF FAIRFAX COUNTY  
4110 CHAIN BRIDGE ROAD  
FAIRFAX, VIRGINIA 22030  
703-691-7320  
(Press 3, Press 1)

Sungmi Suh vs. Walmart Stores East LP

CL-2020-0018149

TO: Walmart Stores East LP  
Serve: CT Corporation System, R/A  
4701 Cox Road Suite 285  
Glen Allen VA 23060

**SUMMONS – CIVIL ACTION**

The party upon whom this summons and the attached complaint are served is hereby notified that unless within 21 days after such service, response is made by filing in the Clerk's office of this Court a pleading in writing, in proper legal form, the allegations and charges may be taken as admitted and the court may enter an order, judgment or decree against such party either by default or after hearing evidence.

**APPEARANCE IN PERSON IS NOT REQUIRED BY THIS SUMMONS.**

Done in the name of the Commonwealth of Virginia, on November 25, 2020.

JOHN T. FREY, CLERK

By: 

Deputy Clerk

Plaintiff's Attorney: J. Chapman Petersen

VIRGINIA:

IN THE CIRCUIT COURT OF FAIRFAX COUNTY

PROOF OF SERVICE

Sungmi Suh  
Plaintiff

VS

Walmart Stores East LP  
Defendant

CL-2020-0018149  
Subtype: Summons/Complaint  
Serve: Walmart Stores East LP

STATE OF \_\_\_\_\_

CITY/COUNTY OF \_\_\_\_\_, to wit:

This day \_\_\_\_\_

personally appeared before the undersigned Notary Public in and for the City/County and State  
aforesaid, and, having been first duly sworn according to law, deposes and states as follows: that  
he/she is not a party to, or otherwise interested in, the subject matter in controversy in the within  
cause, that he/she is over the age of 18 years; that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at  
\_\_\_\_\_ o'clock \_\_\_\_\_.m. he/she served the within Complaint, in person, on the Defendant  
\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_ and the Defendant is / is not a  
resident of the State of Virginia.

\_\_\_\_\_  
AFFIANT

\_\_\_\_\_  
TITLE

Subscribed and sworn to before me in my City/County and State aforesaid, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary ID #: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_

**FAIRFAX CIRCUIT COURT  
 CIVIL CASE COVERSHEET**

**2020 18149**

**Parties:**

Plaintiffs	Defendants
1. SUNGMI SUH	1. WAL-MART STORES EAST, LP
2.	2.
3.	3.

**\*Plaintiff proceeding without Counsel – Address and Daytime Phone Number required on Complaint**

**Plaintiff Attorney:**

Name: <b>J. Chapman Petersen, Esq.,</b>	Bar ID: <b>37225</b>	2021 NOV 17 PM 3:33 CIVIL COURT JUDGE FLETCHER FAIRFAX, VA
Firm: <b>Chap Petersen &amp; Associates, PLLC</b>		
Street: <b>3970 Chain Bridge Road</b>		
City: <b>Fairfax</b>	State: <b>VA</b> Zip: <b>22030</b>	
Phone Number: <b>571-459-2512</b>	Fax Number: <b>571-459-2307</b>	
E-mail Address: <b>jcp@petersenfirm.com</b>		

**Nature of Complaint (Check only one)**

**\* Cases In the Civil Tracking Program**

<input type="checkbox"/> Administrative Appeal	<input type="checkbox"/> Defamation *	<input type="checkbox"/> Malpractice – Medical *
<input type="checkbox"/> Affirmation of Marriage	<input type="checkbox"/> Delinquent Taxes *	<input type="checkbox"/> Mechanics/Vendors Lien *
<input type="checkbox"/> Aid & Guidance	<input type="checkbox"/> Eminent Domain	<input type="checkbox"/> Partition *
<input type="checkbox"/> Appeal Decision of Board of Zoning	<input type="checkbox"/> Encumber/Sell Real Estate	<input type="checkbox"/> Personal Injury – Assault *
<input type="checkbox"/> Appeal of Process/Judicial Appeal	<input type="checkbox"/> Erroneous Assessments	<input type="checkbox"/> Personal Injury – Auto *
<input type="checkbox"/> Appointment Church/Organization Trustees	<input type="checkbox"/> Expungement	<input type="checkbox"/> Personal Injury – Emotional *
<input type="checkbox"/> Arbitration	<input type="checkbox"/> False Arrest/Imprisonment*	<input checked="" type="checkbox"/> Personal Injury – Premises Liability*
<input type="checkbox"/> Attachment	<input type="checkbox"/> Fiduciary/Estate Complaint	<input type="checkbox"/> Property Damage*
<input type="checkbox"/> Complaint – Equity *	<input type="checkbox"/> Garnishment–Federal–180 days	<input type="checkbox"/> Products Liability*
<input checked="" type="checkbox"/> Complaint – Legal Cause of Action *	<input type="checkbox"/> Garnishment–Wage–180 days	<input type="checkbox"/> Quiet Title *
<input type="checkbox"/> Compromise Settlement	<input type="checkbox"/> Garnishment–Other – 90 days	<input type="checkbox"/> Real Estate *
<input type="checkbox"/> Condemnation*	<input type="checkbox"/> Guardian/Conservator Adult	<input type="checkbox"/> Restoration of Driving Privilege
<input type="checkbox"/> Confession of Judgment	<input type="checkbox"/> Guardianship/Minor	<input type="checkbox"/> Vital Record Correction
<input type="checkbox"/> Construction *	<input type="checkbox"/> Injunction	<input type="checkbox"/> Writ Habeas Corpus
<input type="checkbox"/> Contract *	<input type="checkbox"/> Interpleader	<input type="checkbox"/> Writ Mandamus
<input type="checkbox"/> Conversion*	<input type="checkbox"/> Insurance *	<input type="checkbox"/> Wrongful Death*
<input type="checkbox"/> Court Satisfaction of Judgment	<input type="checkbox"/> Judicial Review	<input type="checkbox"/> Wrongful Discharge *
<input type="checkbox"/> Declare Death	<input type="checkbox"/> Malicious Prosecution *	<input type="checkbox"/> OTHER:
<input type="checkbox"/> Declaratory Judgment *	<input type="checkbox"/> Malpractice – Legal *	

**Damages in the amount of \$ 200,000.00 are claimed.**

**Requested Service:** Sheriff ☐ Private Process Server ☒ DMV ☐ Secretary of Commonwealth ☐  
 State Corporation Commission ☐ Publication ☐ No Service at this time ☐

**VIRGINIA:**

**IN THE CIRCUIT COURT OF FAIRFAX COUNTY**  
**Civil Division**

FILED  
CIVIL INTAKE  
2020 NOV 17 PM 3:33  
JOHN T. FREY  
CLERK, CIRCUIT COURT  
FAIRFAX, VA

**SUNGMI SUH,**

*Plaintiff,*

**v.**

**WAL-MART STORES EAST, LP,**  
**SERVE: C T Corporation System,**  
**Registered Agent**  
**4701 Cox Rd Ste 285**  
**Glen Allen, Virginia 23060**

*Defendant.*

Case No. 2020 18149

**COMPLAINT**

COMES NOW, Plaintiff, SUNGMI SUH ("SUH" or "Plaintiff"), by counsel, and for her Complaint against the Defendant Wal-Mart Stores East, LP ("Walmart" or "Defendant"), alleges as follows:

**PARTIES, JURISDICTION, AND VENUE**

1. Plaintiff Sungmi Suh is a natural person who resides in Fairfax County Virginia.
2. Defendant Wal-Mart Stores East, LP is a Delaware corporation doing business in Virginia, who own and manage the premises known as Walmart Supercenter located at 4368 Chantilly Shopping Center Drive, Chantilly, Virginia 20151 ("Chantilly Walmart").
3. This Court has subject matter jurisdiction pursuant to Va. Code § 8.01-328.1.
4. Venue is proper in this Court pursuant to Va. Code § 8.01-262 as the injury occurred in Fairfax County.

### **FACTUAL ALLEGATIONS**

5. Around 1 PM, On Saturday, May 2, 2020, Plaintiff, a seventy-three (73) year old woman, with her son visited Chantilly Walmart to buy a few essential items needed.

6. At the time, due to the Covid-19 pandemic, Plaintiff was wearing a hat, mask, and gloves. Further, Plaintiff was vigilant to maintain social distancing and alertness to her surroundings.

7. As Plaintiff was turning from the aisle she was walking, she fell over a wooden pallet lying in the corner. As Plaintiff fell, her face and knees slammed the hard surface floor.

8. The wooden pallet was not visible from the aisle Plaintiff was turning from.

9. The wooden pallet was empty, and no employees were near the pallet. There were no warning signs of any sort near the wooden pallet. *See Exhibit A.*

10. As a result of the fall, Plaintiff sustained serious injuries, including losing her multiple front teeth, and spraining/rupturing ligaments of her knees, arms and shoulders. *See Exhibits B and C.*

11. After her injury, Plaintiff's son took her to the claims center within Chantilly Walmart to notified Walmart of the situation and the injures Plaintiff sustained.

12. Upon information and belief, the manager at Chantilly Walmart processed the initial complaint to the claims department.

13. Thereafter, on or about May 4, 2020, Walmart's claims department sent a template email regarding Plaintiff's claim, purportedly claiming that they are reviewing the incident.

14. On or about September 1, 2020, Plaintiff, by undersigned counsel, sent a demand letter to Walmart regarding the incident that occurred on or about May 2, 2020.

15. On or about September 25, 2020, Walmart's claims department conducted a phone interview with Plaintiff to further investigate the incident.

16. Thereafter, Walmart did not reach out to either Plaintiff or her attorney regarding the incident.

17. Plaintiff, despite her lack of medical insurance, sought the minimal dental care and physical therapies to treat her loss of teeth and constant pain in her knees, arms and shoulders.

18. Further, Plaintiff is currently diagnosed with right knee contusion and right shoulder adhesive capsulitis. Plaintiff was advised to continue at least six weeks of physical therapies and may need a surgery on her knee in the near future. *See Exhibits C, D, E and F.*

19. Prior to the incident, Plaintiff, despite her old age, was healthy and had no pre-existing conditions.

20. Solely as a result of the aforementioned incident, Plaintiff has incurred damages, including: (1) medical expenses; (2) an indefinite time in the future suffer great pain, inconvenience, embarrassment, and mental anguish; and (3) overall health, and vitality have been greatly impaired.

#### **COUNT I - NEGLIGENCE**

21. Paragraphs 1 through 19 are hereby realleged, reaffirmed, and incorporated herein by reference.

22. At the time of the aforementioned incident, Defendant had actual or constructive knowledge of the wooden pallet in the aisles of its stores.

23. The aforesaid incident occurred as a result of and was proximately caused by the careless, negligent, and reckless conduct of the Defendant, which consisted inter alia of the following particulars:

- a. Failing to properly supervise the areas in question so as to furnish to the Plaintiff, a safe aisle, free from hazards which were recognized or should have been

recognized by Defendant, as causing or likely to cause the serious physical harm to the Plaintiff, and others;

- b. Failing to maintain the areas in question in a safe condition to ensure that Plaintiff would not be caused to slip and fall as a result of the wooden pallet which existed and which was known and should have been known to the Defendant;
- c. Failing to properly inspect the areas in question wherein the Plaintiff was caused to fall as a result of not removing the wooden pallet;
- d. Failing to maintain the premises owned by the Defendant in good and safe condition for the Plaintiff and others;
- e. Otherwise failing to exercise the degree of care required under the circumstances; and
- f. Otherwise being negligent.

24. Defendant negligently breached the aforementioned duties by failing to maintain the areas in question in a safe manner; resulting in the incident which injured Plaintiff.

25. Defendant was further negligent in, at the minimum, failing to warn Plaintiff of the latent risks in the areas in question as to give Plaintiff notice of the defect.

26. As a direct and proximate result of Defendant's negligence which directly and proximately caused the incident, Plaintiff sustained serious injuries and damages which include, but are not limited to, medical expenses, physical pain, mental anguish, loss of capacity of enjoyment of life, and the loss of ability to care for loved ones.




**WHEREFORE, Plaintiff hereby demands judgment against Defendant as follows:**

1. **Compensatory damages against the Defendant for two-hundred thousand dollars (\$200,000.00), interest as provided by law, reasonable attorney fees, and costs;**
2. **And for other relief as the Court may deem just and reasonable.**

**TRIAL BY JURY IS DEMANDED**

**Respectfully submitted,**

**Sungmi Suh  
By Counsel**



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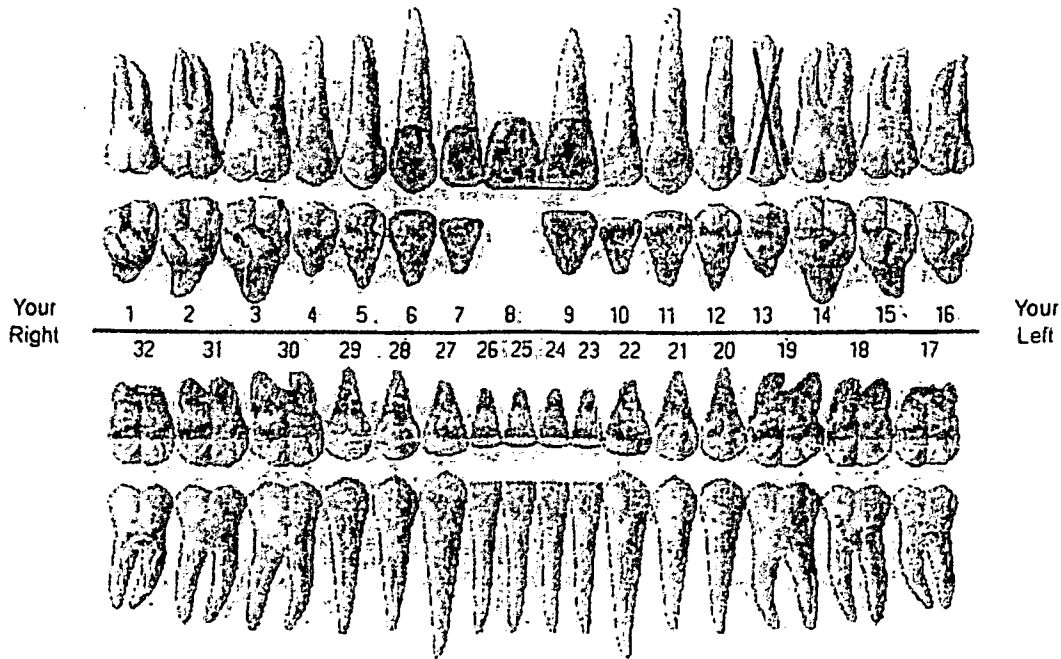
**J. Chapman Petersen, Esq., VSB #37225  
Won Y. Uh, Esq., VSB # 92574  
Chap Petersen & Associates, PLC  
3970 Chain Bridge Road  
Fairfax, VA 22030  
571.459.2512 (Telephone)  
571.459.2307 (Facsimile)  
jcp@petersenfirm.com  
wyu@petersenfirm.com  
*Counsel for Plaintiff***

Exhibit A



## Active Treatment Plan

YK Dental Care  
 (703)801-2282  
 SungLi Suh, DOB 08/01/1946  
 05/20/2020



☒ Existing ☒ Complete ☒ Referred Out ☒ Treatment Planned

Done	Priority	Tth	Surf	Code	Sub	Description	Fee	DPlan	Pat
				D0330		panoramic radiographic image	140.00	60.00	80.00
				D0140		limited oral evaluation - problem focused	60.00	60.00	0.00
		6		D6740		retainer crown - porcelain/ceramic	900.00	0.00	900.00
		7		D6740		retainer crown - porcelain/ceramic	900.00	0.00	900.00
		8		D6245		pontic - porcelain/ceramic	900.00	0.00	900.00
		9		D6740		retainer crown - porcelain/ceramic	900.00	0.00	900.00
		13		D7140		extraction, erupted tooth or exposed root (elevation and/or forceps removal)	160.00	20.00	140.00
						<b>Subtotal</b>	<b>3960.00</b>	<b>140.00</b>	<b>3820.00</b>
						<b>Total</b>	<b>3960.00</b>	<b>140.00</b>	<b>3820.00</b>

### Family Insurance Benefits

BenefitName	Primary	Secondary
Family Maximum		
Family Deductible		

### Individual Insurance Benefits

BenefitName	Primary	Secondary
Annual Maximum		
Deductible		
Deductible Remaining		
Insurance Used		
Pending		
Remaining		

If you have dental insurance, please be aware that THIS IS AN ESTIMATE ONLY. Coverage may be different if your deductible has not been met, annual maximum has been met, or if your coverage table is lower than average.

**EXHIBIT**

**B**



# STATEMENT

## CORE Physical Therapy & Rehab., P.C.

14153 Robert Paris Ct. Ste A. Chantilly, VA 20151  
 Phone 703-865-6455 Fax 703-649-6455  
 coreptrehab16@gmail.com

STATEMENT # 12  
 DATE: 06/18/2020

BILL TO 3810 Lightfoot St Unit105  
 Chantilly, VA 20151  
 Patient Name: SUH, SUNG MI (DOB: 08/03/1946)  
 Patient #: 20061755

DATE	DESCRIPTION				BALANCE	AMOUNT RECEIVED FROM PATIENT
06-05-2020	Evaluation and Treatment (ICD-10: M.25.511)				\$ 120.00	\$ 120.00
06-18-2020	Treatment				\$ 110.00	\$ 110.00

REMITTANCE
Statement #12
Date 06/18/2020
Amount Received \$ 230.00
Amount Enclosed

THANK YOU FOR YOUR BUSINESS!





# CORE

Physical Therapy & Rehab

Woo (Brian) Kim, PT, DPT  
Min Kim, PT, DPT

## PHYSICAL THERAPY PRESCRIPTION

Patient Name: Suh, Sungmi Date: 11/3/20  
Diagnosis: (R) Knee contusion, (L) shoulder adhesive capsulitis

### ☒ Evaluate and Treat

#### Modalities of Choice:

- ☒ Hot Pack / Ice Pack
- ☐ Ultrasound
- ☐ Electrical Stimulation
- ☐ Phonophoresis / Iontophoresis

#### Therapeutic Exercises

- ☒ Therapeutic Stretches
- ☒ Strengthening Program
- ☐ Aerobic Endurance Conditioning
- ☐ Proprioceptive-Balance Training

- ☐ Lumbar Stabilization
- ☐ Postural Training
- ☐ Gait Training
- ☐ Work Re-integration

#### Manual Therapy

- ☒ Soft Tissue Mobilization
- ☐ Myofascial Release
- ☐ Trigger Point Therapy

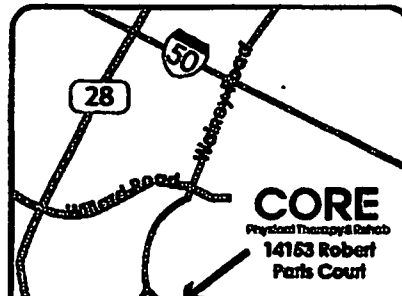
- ☐ Manual / Mechanical Traction
- ☐ Joint Mobilization

- ☒ Dry Needling
- ☐ Neuromuscular Re-Education

#### Additional Comments

Frequency: 2-3x/week Duration: 6 weeks

Physician Signature



14153 Robert Paris Court  
Suite A  
Chantilly, VA 20151  
Phone: 703.865.6455  
Fax: 703.649.6455



**EXHIBIT A**

SUH SUNG MI

Northern Virginia Orthopaedic  
Specialists

Pt ID: 108162

Birth: 8/3/1946

Desc: null/CHEST

Exam Date: 11/3/2020

0321

1361

**EXHIBIT**

**E**

tabbles

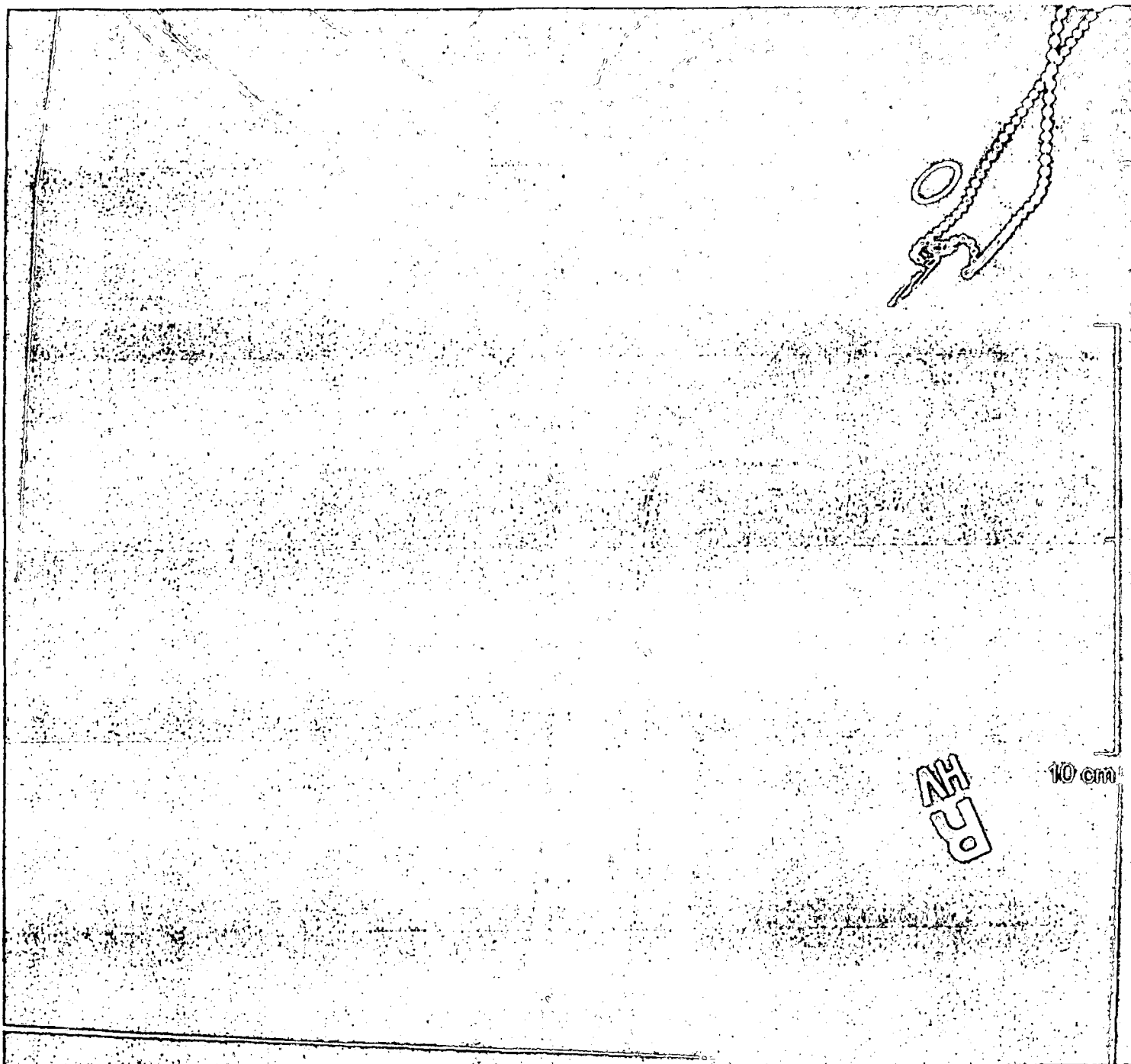
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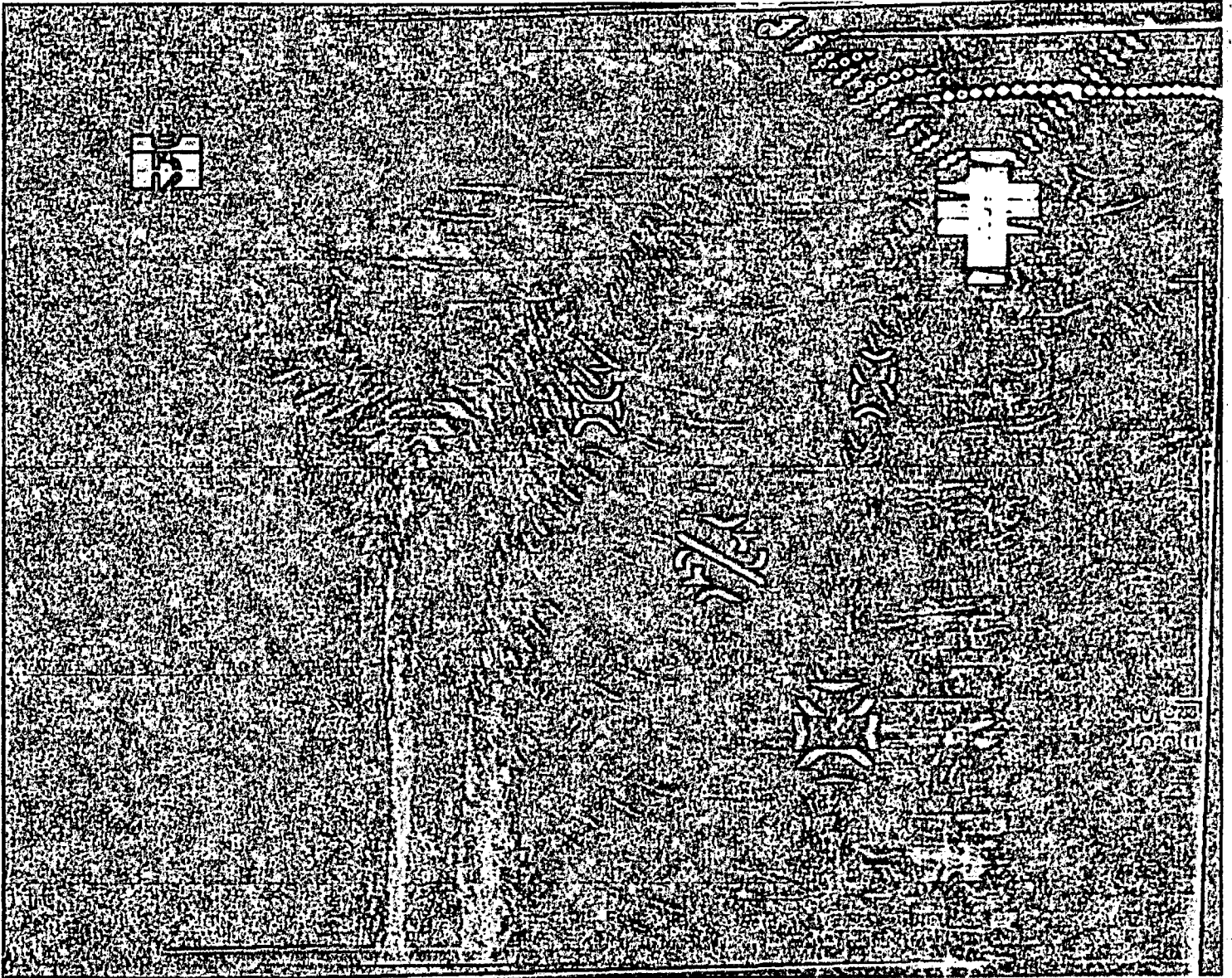
**EXHIBIT A**



Northern Virginia Orthopaedic  
Specialists  
Pt ID: 108162  
Birth: 8/3/1946  
Desc: null / CHEST  
Exam Date: 11/3/2020





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**EXHIBIT A**

30H 50H CM

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Northern Virginia Orthopaedic

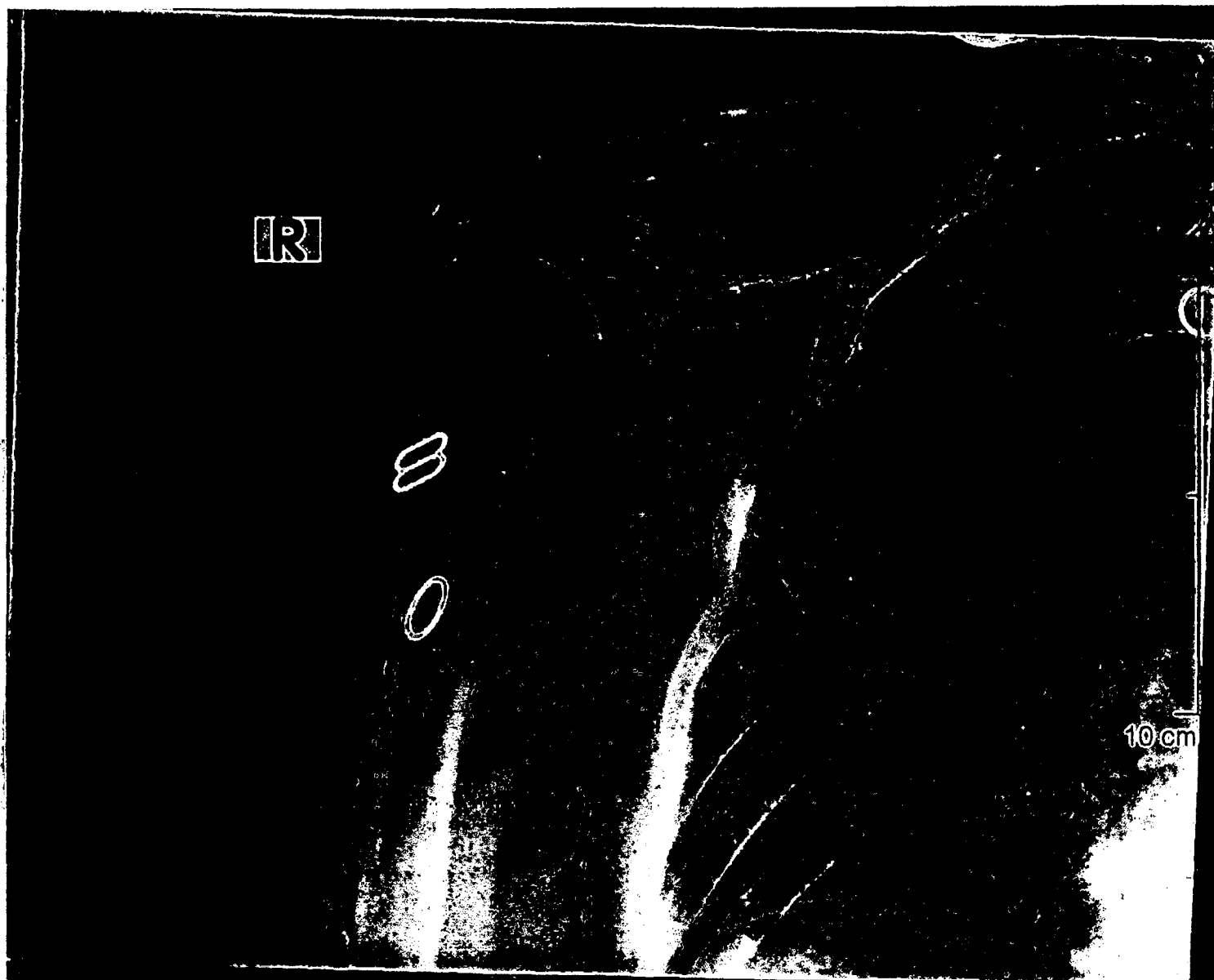
Specialists

Pt ID: 108162

Birth: 8/3/1946

Desc: null / CHEST

Exam Date: 11/3/2020



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[illegible]

‘SU’ ‘CW’

**EXHIBIT A**  
SUH SONG MI

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Northern Virginia Orthopaedic

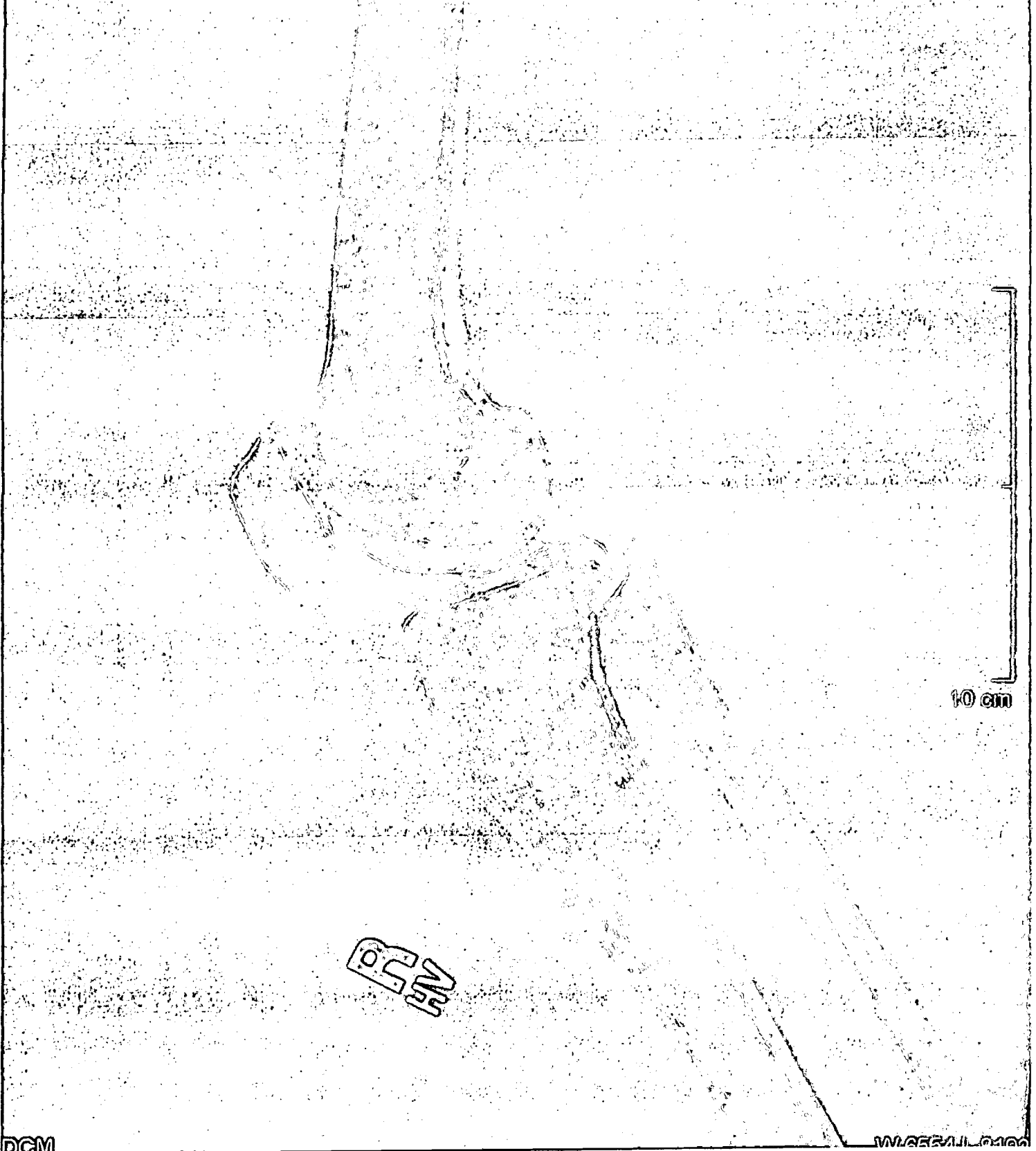
Specialists

Pt ID: 108162

Birth: 8/8/1946

Desc: null / LOW EXM

Exam Date: 11/3/2020



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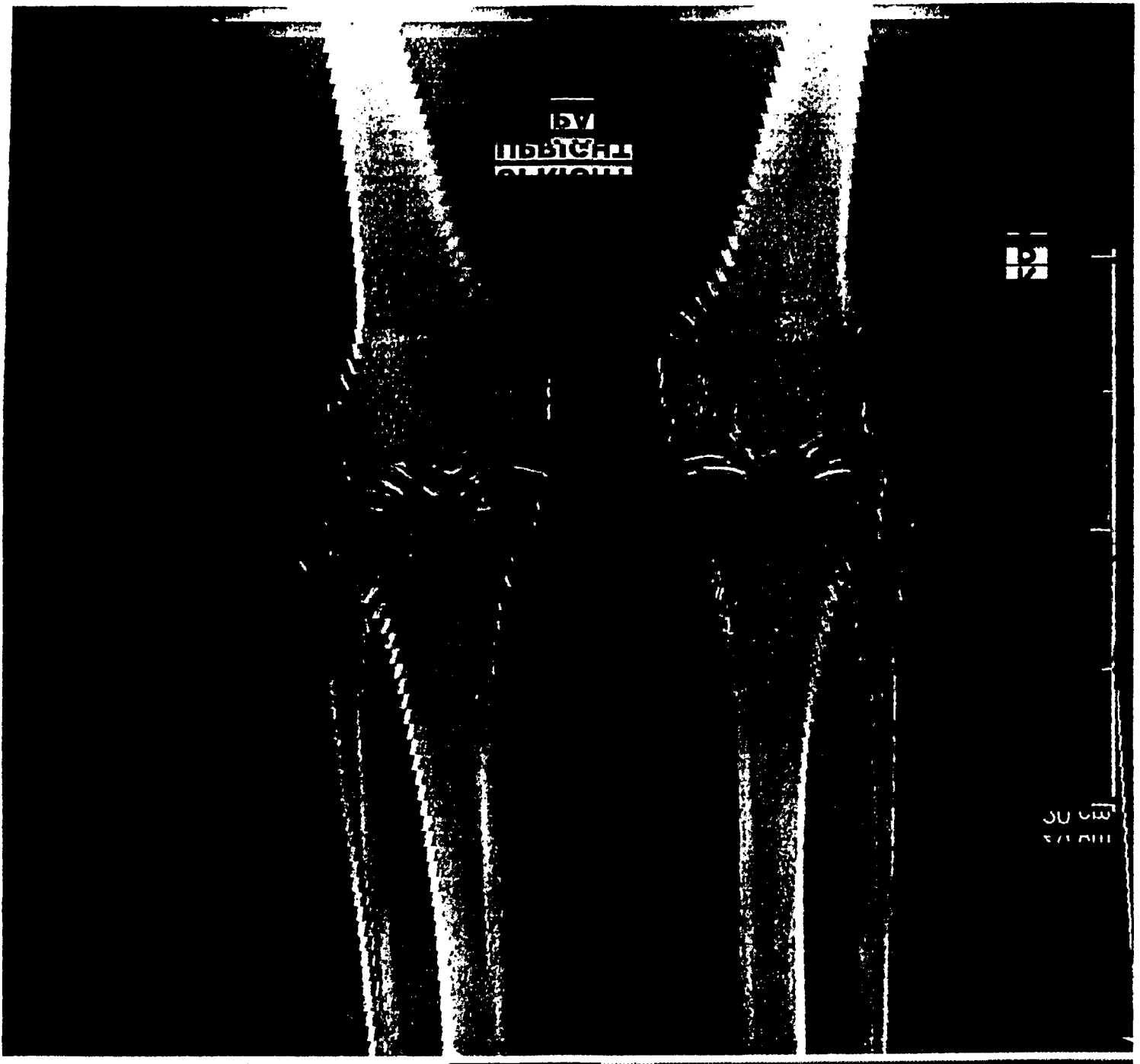
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**EXHIBIT A**

המחלקה לביטחון המדינה  
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מסמך





**EXHIBIT A**

Western Virginia Orthopaedic  
Specialists

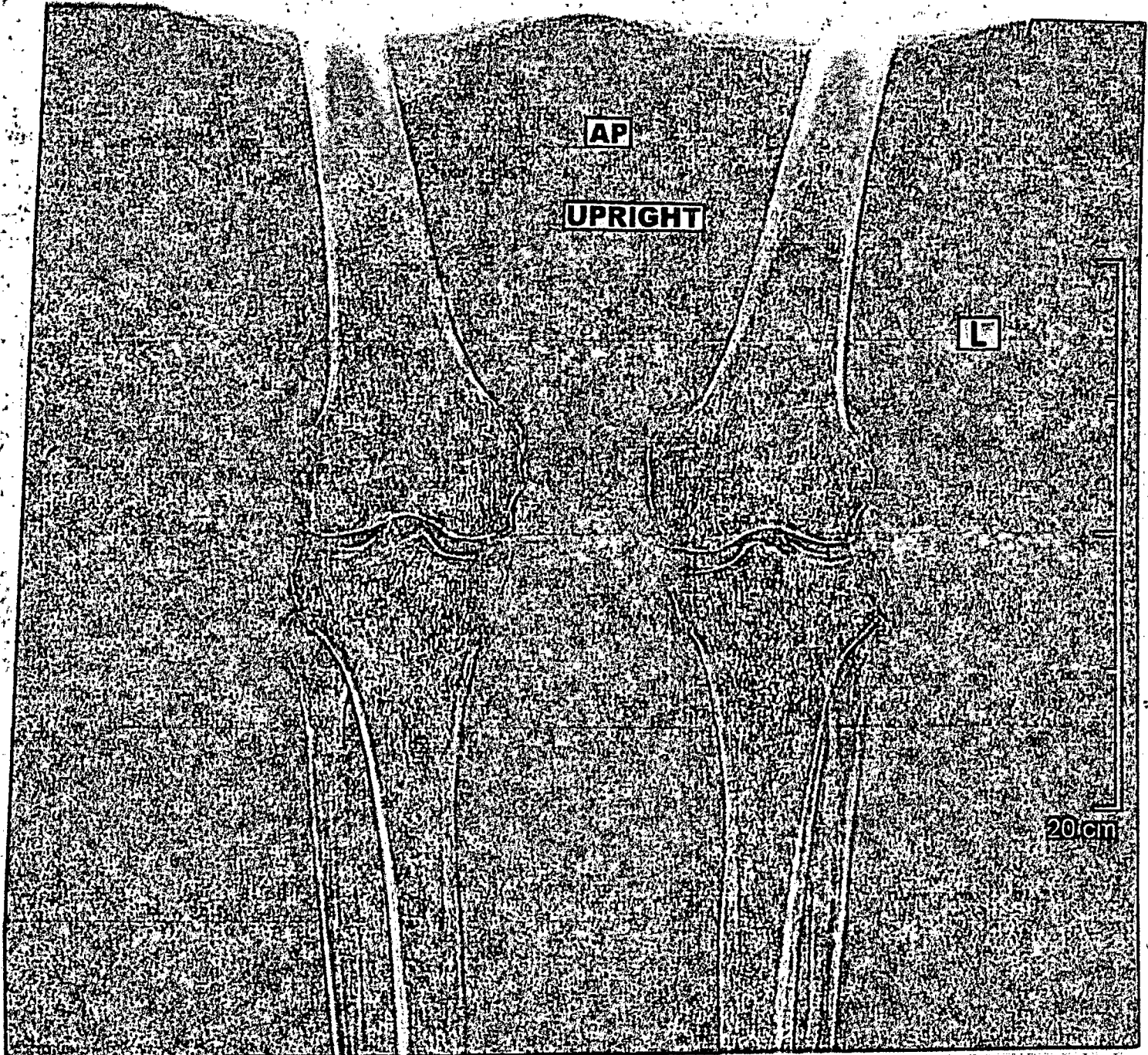
ID: 108162

on: 8/3/1998

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urn Date: 11/3/2020

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**EXHIBIT A**

Core PT and Rehab  
 14153 Robert Paris Ct Ste A  
 Chantilly, VA 20151-4225  
 Phone: (703)865-6455  
 Fax: (703)849-6455

## Physical Therapy Initial Examination

Patient Name: SUH, Sung M.  
 Date of Birth: 08/03/1946  
 Referring Physician(s): Kim, John J. MD

Date of Initial Examination: 11/05/2020  
 Injury/Onset/Change of Status Date: 05/02/2020 New Injury  
 Diagnosis: ICD10: S80.01XD: Contusion of right knee, subsequent encounter, M76.01: Adhesive capsulitis of right shoulder, M54.5: Low back pain  
 Treatment Diagnosis: ICD10: S80.01XD: Contusion of right knee, subsequent encounter, M25.511: Pain in right shoulder, M25.531: Pain in right wrist, M54.9: Dorsalgia, unspecified, M54.5: Low back pain

Visit No.: 1

### Subjective

**History of Present Condition/Mechanism of Injury:** Tripped over the pallet and fell on the floor at Walmart(05/02/2020)  
**Primary Concern/Chief Complaint:** Pt. c/o right shoulder pain, right thoracic pain, Low back pain, right wrist pain, right knee pain, LOM, stiffness. The pains aggravated when prolonged sitting/standing/walking, bending/ turning trunk and neck, standing up, changing position in bed, raising R arm, overhead activity, lifting/carrying objects. Pt states the pain began after tripped over the pallet at Walmart (05/02/20) and stayed at home due to Covid-19 but getting worse recently, also it's very painful with all activity at home.

**Before the injury/onset/change of status date, the patient was able to perform the following activities:**

**Self Care:** WFL  
**Changing & Maintaining Body Position:** WFL  
**Mobility: Walking & Moving Around:** WFL  
**Carrying, Moving & Handling Objects:** WFL

**Current Functional Limitations:**

**Self Care:** Hygiene: Dressing, Bathing; Sleep: Disturbed Sleep, Sleeping Postures; Household Chores - Mild-moderate impairments w/ pain, stiffness

**Changing & Maintaining Body Position:** Maintaining a Body Position: Remaining Seated, Remaining Standing, Standing - Mild-moderate impairments w/ pain, stiffness

**Mobility: Walking & Moving Around:** Walking: Strolling, Walking on Different Surfaces, Walking Around Obstacles; Moving Around: Jogging; Moving Around in Different Locations: Walking Down the Street; Negotiate Obstacles - Mild-moderate impairments w/ pain, stiffness

**Carrying, Moving & Handling Objects:** Hand & Arm Use: Pulling Objects, Pushing Objects, Reaching - Mild-moderate impairments w/ pain, stiffness

**Pain Location:** R shoulder, R wrist, R thoracic, Low back, R knee

**Pain Scale:** Worst: 8 Best: 5 Current: 7

**Pain Description:** Dull/Achy

**Pain Follow-up Plan:** check pain level weekly

**Aggravating Factors:** Standing, Walking, Stairs - up, Stairs - down, Sit to stand

**General Health:** Good

**Home Health Care:** No

**Medical History:** No Known Significant PMH To Affect Treatment

**Diagnostic Testing/Imaging:** X-ray

**Complicating/Personal Factors:** No Known Complicating Factors Affecting the Plan of Care

**Medical History Review:** The patient has a history of present problem with a history of 1-2 personal factors and/or comorbidities that impact the plan of care.

**Mental Status/Cognitive Function Appears Impaired?** No

**Current Medications:** Over The Counter (Tylenol)

**Patient Goals:** regain normal functional activity w/o pain and weakness

### Objective

#### Inspection

**Patient Consent**

**Patient/Parent/Guardian Consent** Yes

**Outcome Measurement Tools**



**EXHIBIT A**

**Core PT and Rehab**  
 14153 Robert Paris Ct Ste A  
 Chantilly, VA 20151-4225  
 Phone: (703)885-8455  
 Fax: (703)849-8455

**Physical Therapy**  
**Initial**  
**Examination**

**Patient Name:** SUH, Sung M.  
**Date of Birth:** 08/03/1948  
**Document Date:** 11/05/2020

**Lower Extremity**  
 Lower Extremity Functional Scale 32/80  
**Spine**  
 Modified Oswestry Low Back Pain 54% disability  
**Upper Extremity**  
 Upper Extremity Quick DASH 50/100

**Observation**

**Comments** wearing wrist and knee sleeves

**Range of Motion**

<b>Shoulder AROM</b>	<b>Right</b>	<b>Left</b>
Flexion	160 °	WFL
Scaption	WFL	WFL
Abduction	160 °	WFL
Extension	WFL	WFL
ER in Neutral Position	10 °	WFL
IR in Neutral Position	WFL	WFL
Horizontal Abduction	WFL	WFL
Horizontal Adduction	WFL	WFL
<b>Wrist AROM</b>	<b>Right</b>	<b>Left</b>
Extension	WFL	WFL
Flexion	WFL	WFL
Radial Deviation	15 °	WFL
Ulnar Deviation	10 °	WFL
<b>Lumbar AROM</b>		
Forward Bending	Hand Reach to Ankles	
Backward Bending	10°	
Right Rotation	15°	
Left Rotation	15°	
Right Side Bending	25°	
Left Side Bending	25°	
Lumbar AROM Comments	performing lumbar movements with increased low back pain	
<b>Knee AROM</b>	<b>Right</b>	<b>Left</b>
Flexion	WFL	Not Tested
Extension	WFL	Not Tested

**Comments** performing right shoulder/ wrist/ knee movements with increased pain

**Strength****Gross Muscle Tests Upper**

<b>Shoulder</b>	<b>Right</b>	<b>Left</b>
Shoulder Flexion	3+/5	Not Tested
Shoulder Extension	4-/5	Not Tested
Shoulder Abduction	3+/5	Not Tested



**EXHIBIT A**

**Core PT and Rehab**  
 14153 Robert Paris Ct Ste A  
 Chantilly, VA 20151-4225  
 Phone: (703)865-8455  
 Fax: (703)849-8455

**Physical Therapy  
 Initial  
 Examination**

**Patient Name:** SUH, Sung M.  
**Date of Birth:** 08/03/1948  
**Document Date:** 11/05/2020

Shoulder Adduction	4-/5	Not Tested
Shoulder Internal Rotation	4-/5	Not Tested
Shoulder External Rotation	3+/5	Not Tested

**Wrist**

	<b>Right</b>	<b>Left</b>
Wrist Flexion	4-/5	Not Tested
Wrist Extension	4-/5	Not Tested
Radial Deviation	3+/5	Not Tested
Ulnar Deviation	3+/5	Not Tested

**Gross Muscle Tests Trunk**

Core Stabilization	Fair	
Upper Abdominals	3+/5	
Lower Abdominals	3+/5	
	<b>Right</b>	<b>Left</b>
Obliques	3+/5	4-/5
Trunk Extensors	3+/5	3+/5

**Gross Muscle Tests Lower****Knee**

	<b>Right</b>	<b>Left</b>
Knee Flexion	4-/5	Not Tested
Knee Extension	4-/5	Not Tested

**Special Tests****Ligament Integrity Knee**

	<b>Right</b>	<b>Left</b>
Valgus Stress at 0 Knee Flex	Negative	Not Tested
Varus Stress at 0 Knee Flex	Negative	Not Tested
Anterior Drawer	Negative	Not Tested
Posterior Drawer	Negative	Not Tested
Pivot Shift	Positive	Not Tested

**Comments** Lumbar Quadrant test(Rt+), SLR(R+), Faber Test(-), Frozen Shoulder Test(Rt+), Adhesive Capsulitis Abduction Test(Rt+), Drop Arm(-) Empty Can(-)  
 Full Can Test(-)

**Palpation**

**Comments** tender at right latissimus dorsi, right thoracic spinal muscles, right wrist area, right lat/med/superior peri-knee joint

**Palpation**

Right Levator Scapula	Tender with increased tissue tension, Involuntary muscle holding (spasms)
Left Levator Scapula	Normal
Right Upper Trapezius	Tender with increased tissue tension, Involuntary muscle holding (spasms)
Left Upper Trapezius	Normal
Right Middle Trapezius	Tender with increased tissue tension, Involuntary muscle holding (spasms)
Left Middle Trapezius	Normal
Right Lower Trapezius	Tender with increased tissue tension, Involuntary muscle holding (spasms)
Right Quadratus Lumborum	Painful to Deep Palpation, Tender with increased tissue tension
Left Quadratus Lumborum	Normal

**EXHIBIT A**

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**Physical Therapy  
 Initial  
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Right Sacral Multifidii	Tender with increased tissue tension, Involuntary muscle holding (spasms)	
Right Rotator Cuff Insertion at Greater Tubercle	Localized point of tenderness	
Right Rotator Cuff Insertion at Lesser Tubercle	Localized point of tenderness	
Right Posterior Cuff	Tender with increased tissue tension, Involuntary muscle holding (spasms)	
Right Gluteus Maximus	Painful to Light Palpation, Tender with increased tissue tension, Involuntary muscle holding (spasms)	
Left Gluteus Maximus	Painful to Light Palpation, Tender with increased tissue tension, Involuntary muscle holding (spasms)	
Right Gluteus Medius	Painful to Deep Palpation, Tender with increased tissue tension, Involuntary muscle holding (spasms)	
Left Gluteus Medius	Painful to Deep Palpation, Tender with increased tissue tension, Involuntary muscle holding (spasms)	
Right ECRB	Painful, Swelling, Tender with increased tissue tension	
Right "Snuff Box"	Painful, Swelling, Localized point of tenderness	
Right Hamstrings	Involuntary muscle holding (spasms)	
Left Hamstrings	Involuntary muscle holding (spasms)	
Right Quadriceps	Painful to Light Palpation, Tender with increased tissue tension, Involuntary muscle holding (spasms)	
Left Quadriceps	Normal	
	Right	Left
Lateral Joint Line	Painful to Light Palpation	
Medial Joint Line	Painful to Light Palpation	

**Assessment**

**Assessment/Diagnosis:** Pt. c/o R shoulder pain, R wrist, R thoracic pain, Low back pain, R knee pain, LOM, stiffness. It has been getting worse with all ADLs. Patient demonstrated impaired flexibility and mobility of neck, R shoulder/wrist, low back, and R knee. Increased tenderness and spasm @ involved body part. Pt. will benefit from PT to address these deficits and return to PLOF.

**Patient Clinical Presentation:** The clinical presentation is evolving with changing characteristics.

**Patient Education:** Introduce HEP

Following the evaluation and extensive patient education regarding diagnosis, prognosis, and treatment goals, the patient (parent/guardian, power of attorney holder) actively participated in the creation of the current goals and agrees to the current treatment plan.

**Rehab Potential:** Good

**Contraindications to Therapy:** None

**Short Term Goals:**

1: (4 Weeks) | Decreased R shoulder/wrist pain(3~4/10), mid/low back pain(3~4/10), R knee(3~4/10 w/ functional activity AROM WFL without pain in all planes of R shoulder& wrist, Mid/Low back, R knee  
 Decreased fxnal impairment 50% than I.E  
 Muscle power R shoulder/wrist 4~4/5; low back 4-/5, r knee 4~4/5

**Long Term Goals:**

1: (8 Weeks) | Decreased R shoulder/wrist pain(0~2/10), Mid/Low back pain(0~2/10) w/ functional activity  
 Muscle power R shoulder/wrist 4~4+/5; Low back 4+/5; R leg 4+/5  
 Independent with all fxnal activity/Advanced HEP

**Plan**

**Frequency:** 2-3 times a week

**Duration:** 8 weeks

**Plan:** Begin Plan as Outlined

**Treatment to be provided:**

**Procedures**

Therapeutic Exercises (ROM, Strength, Endurance, Stability), Neuromuscular Rehabilitation (Balance/Proprioception Training, Muscle Re-Education, Redcord Neurac (Neuromuscular-Activation)), Manual Therapy (Soft Tissue Mobilization, Joint Mobilization, Manual Traction, Myofascial Release, Muscle Energy Techniques, Manual Resistive Exercise, Dry Needling/ Intramuscular Manual Therapy)

**Modalities**

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To Improve (Pain Relief), Electrical Stimulation (Pre-Modulated)

*Brian W Kim*

Brian W Kim  
License #2305208494  
Electronically Signed by Brian W Kim on November 6, 2020 at 12:57 pm